

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

Form 990-PF

Department of the Treasury

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf

For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation 36-3796675 CLESS FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (847) 793-2670 2110 MALLARD DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NORTHBROOK, IL 60062 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 28,684,672. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (a) Revenue and expenses per books (b) Net investment (c) Adjusted net income income 4,247,650. 76/N 6000 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 15. STATEMENT. 15. 130,813 130,813. STATEMENT. 4 Dividends and interest from securities 5a Gross rents **#** Net rental income or (loss) 123,076 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 112,199. 123,076 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain om, 41 m 1 m of 1 Income modifications A JUI 10a Gross sales less returns and allowances w) b Less Cost of goods sold ₩. % c Gross profit or (loss) 11 Other income 253,904 4,501,554. 2,300 12 Total, Add lines 1 through 11 0. ٥. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 0. 898. 898. STMT 3 16a Legal fees 10,950. 0. 10,950. STMT 4 **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 951 25. STMT 5 976. 23 Other expenses Operating 24 Total operating and administrative 25. 12,824. 12,799 expenses. Add lines 13 through 23 779,500779,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 779,525. 792,324 12,799 Add lines 24 and 25 Subtract line 26 from line 12: 3,709,230. 2 Excess of revenue over expenses and disbursements 241,105 b Net investment income (If negative, enter -0-) N/A c Adjusted net income (If negative, enter -0-)

CLESS FAMILY FOUNDATION

Form 990-PF (2016)

36-3796675

Form 990-PF (2016)

	SS FAMILY FOUNDA' and Losses for Tax on In		Incomo			3	<u>6-379</u>	6675	Page 3
			IIICOIIIE	T(b) H	nw acquired	(-) D-4-		(4) D-4	
2-story brick wa	ribe the kind(s) of property sold (e.g rehouse; or common stock, 200 shs	. MLC Co.)		D -	ow acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo., d	
	CI COMMODITY-INDI		UST K-1	ļ					
b ISHARES S&P GSC		EXED TR	UST K-1	_		10.70	0 /0E	11/0	0./1.6
c 0.5000 SHS ISHA				-	}	12/2	9/05	11/0	8/10
	DIAIDENDS		-						
_ <u>e</u>	(6) Depresenting allowed	(a) Coo	at ar ather basis	! -г		/b) C	oup or (loss	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus		
	(61 ==0.00000)	F				(-/	(1)		,538.
_ a				-+					,366.
<u>b</u> 25.				7.					-2.
d 112,174.				- 				112	,174.
									, = , = •
Complete only for assets showing	g gain in column (h) and owned by t	the foundation	on 12/31/69	- +		I) Gains /C	Gol. (h) gain	minus	
	(j) Adjusted basis		cess of col. (I)				not less tha		
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	ľ		Losses	(from coi. (h))	
-								6	,538.
_a _b				\neg					,366.
_ 					<u> </u>			_ _	-2.
_ 	 							112	,174.
									<u>, </u>
	C If your along onto	un Dart I lina	7	5		-			
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the l			- } }	2			123	,076.
, ,			•	1 ⊢					
 Net short-term capital gain or (los If gain, also enter in Part I, line 8, 		10 (6):		1					
If (loss), enter -0- in Part I, line 8	Column (C).			Ŋ	3		N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	nves	tment Inc	ome			
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come.)					
	•			,					
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	tion 4942 tax on the distributable am	ount of any ye	ar in the base per	ıod?				Yes	X No
If "Yes," the foundation does not quali	ify under section 4940(e). Do not co	mplete this par	rt.						
	each column for each year; see the ir			ntries.					
(a) Base period years	(b)		_	(c)			Dietril	(d) oution ratio	
Calendar year (or tax year beginnir	ng in) Adjusted qualifying dis	tributions	Net value of no	ncharit	able-use assets	<u> </u>	(col. (b) div	rided by col.	(c))
2015	1,40	0,585.		25,	711,477	·.T		. 0	54473
2014	1,23	0,532.			551,108			. 0	54566
2013	42	6,528.		16,	094,829			• Ö:	26501
2012		7,898.		11,	082,026	5.1		• 0	57561
2011	59	6,395.		10,	729,669			• 0	55584
2 Total of line 1, column (d)						2		. 2	48685
3 Average distribution ratio for the 5	5-year base period - divide the total (on line 2 by 5,	or by the number	of year	S				
the foundation has been in exister	nce if less than 5 years	•				3_		.0	49737
	•								
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X.	line 5				4	1	8,802	,558.
	,								
5 Multiply line 4 by line 3						5		935	,183.
ע דיייי פייין אייי אייי אייי אייי אייי אייי					<u> </u>			, <u> </u>	
6 Enter 1% of net investment incom	ne (1% of Part I line 27h)					6		2	,411.
ע בוונט ויא ט ווענ ווויעטנווטור ווועטוווט (ויא טור פוניו, ווווס בייטן				-		<u>_</u>	<u>, •</u>		
7 Add lines 5 and 6						7		937	,594.
, Aud mies a diff o						-	 		, ,, , , , ,
8 Enter qualifying distributions from	n Part VII line A					8		770	,525.
, , ,	•	AL 6-3	Join that are t		4 m., uc*-		L.—		,,,,,,
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	e ib, and comp	nete that part usin	g a 1%	tax rate.				
623521 11-23-16						_		orm 990-	PF (2016)
								_,,,,	- (2010)

			3/96			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - :	see in	struction	ons	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					1
	Date of ruling or determination letter;(attach copy of letter if necessary-see instructions)		·			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1		4	82	2.
	of Part I, line 27b		4			4
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		4 ,	82	2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3, If zero or less, enter -0-	5		4	82	2.
	Credits/Payments:			," ·	×.	e. 1
	2016 estimated tax payments and 2015 overpayment credited to 2016 6 6 772.					, [
	Exempt foreign organizations - tax withheld at source 6b		'	(, ,		3
	Tax paid with application for extension of time to file (Form 8868) 6c		**			54
	Backup withholding erroneously withheld 6d		***		: A	
	Total credits and payments, Add lines 6a through 6d	7		6	77	2.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	-			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1	95	<u> </u>
	4 0 - 0	11				0.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► 1,950 • Refunded ► 1 rt VII-A Statements Regarding Activities					<u>••</u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n		Y	es	No
		"		1a		X
	any political campaign?	2			+	$\frac{x}{x}$
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)			1b	: ::	$\stackrel{\Delta}{-}$
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.			4.		X
	Did the foundation file Form 1120-POL for this year?			1c	+	<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0.			١ ,	. 3.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			3 . 1 2		\$7.5
	managers. ▶ \$					~
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	+	<u>X</u>
	If "Yes," attach a detailed description of the activities.					*
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					<u></u>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	+	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.7	/3	4a	+	<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	\dashv	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	+	X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			[, ,,
	By language in the governing instrument, or			."		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			<u>, - </u>	
	remain in the governing instrument?			-	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	 ,
	· ·					l
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			l		ĺ
	<u>IL</u>					•
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				<u>.</u> .	
	of each state as required by General Instruction G? If "No," attach explanation			8b 2	X	 ,
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for caler	ıdar		_		لـ
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	TMT			<u> </u>	
			For	m 990- l	PF /	2016)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2016)

4a

X

Form 990-PF (2016) CLESS FAMILY FOUNDATION			36-37966	75 Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ued)	
	ctly, The sequilities of the sequilities of the sequilations of the sequilities of the s	S X No	5b	
b If "Yes." did the foundation receive any proceeds or have any net income attribu		·		7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their officers.	es, Foundation Mar	agers, Highly		
The Elect diff of Micercy difference of a decease foundation managers and allowed	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.
2. Companyation of five highest-noid ampleyees (ather than these inc	uded on line 1\ H none	nter "NONE "		
Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE		[
			1	
Total number of other employees paid over \$50,000				0

Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If no		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		Į.
		
		
		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include rel	quant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research p		Expenses
1 N/A		
2		
3		_
		_
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.	İ	
3		
		
		
Total Add lines 1 through 2		0.

P	Minimum Investment Return (All domestic foundations must complete	e this part. Foreign found	ations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpose	es:		
a	Average monthly fair market value of securities	[1a	17,968,570.
	Average of monthly cash balances		1b	1,120,321.
c	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	19,088,891.
е	Reduction claimed for blockage or other factors reported on lines 1a and	(* *)		
	1c (attach detailed explanation)	0.]	#	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	19,088,891.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	ns)	4	286,333.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	18,802,558.
6	Minimum investment return. Enter 5% of line 5		6	940,128.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here in and do not complete this part.)	e operating foundations and	certain	
1	Minimum investment return from Part X, line 6		1	940,128.
2a	Tax on investment income for 2016 from Part VI, line 5	4,822.		
b	Income tax for 2016. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	4,822.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	935,306.
4	Recoveries of amounts treated as qualifying distributions		4	Ō.
5	Add lines 3 and 4		5	935,306.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	935,306.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	*	. 1	
а			1a	779,525.
b			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpos	ses	2	
3	Amounts set aside for specific charitable projects that satisfy the:	, 2		
а	Suitability test (prior IRS approval required)	Ĺ	3a	
b	Cash distribution test (attach the required schedule)	_	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, lin	ie 4	4	779,525.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		- 1	
	Income. Enter 1% of Part I, line 27b	Ĺ	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	779,525.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating 4940(e) reduction of tax in those years	g whether the foundation qua	alifies f	or the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		i		035 306
line 7				935,306.
2 Undistributed income, if any, as of the end of 2016			345,389.	ı
a Enter amount for 2015 only			345,369.	
b Total for prior years:		0.		:
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012 c From 2013				
d From 2014		,		*
e From 2015				
f Total of lines 3a through e	0.	, , , , , , , , , , , , , , , , , , , ,		*
4 Qualifying distributions for 2016 from	* , .	, ,	· ·	/ <u>^</u>
Part XII, line 4: ▶\$ 779,525.	, , ,			i, 14
a Applied to 2015, but not more than line 2a			<u>345,389.</u>	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	》 / / / / / / / / / / / / / / / / / / /		424 426
d Applied to 2016 distributable amount				434,136.
e Remaining amount distributed out of corpus	0.		, Ø , W_	7 1 - 1
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		Y (1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	* * * *
b Prior years' undistributed income. Subtract				
line 4b from line 2b	25 sh 15 .	0.	* · · · · · · · · · · · · · · · · · · ·	* '2' '5
c Enter the amount of prior years'	, , ,			
undistributed income for which a notice of deficiency has been issued, or on which	* * /		1 ,	,
the section 4942(a) tax has been previously		0.	′	
assessed		ļ		,
d Subtract line 6c from line 6b. Taxable		0.		·
amount - see instructions				
e Undistributed income for 2015. Subtract line			0.	;
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				501,170.
7 Amounts treated as distributions out of				'
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0	,		
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0	•		
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0	•		<u> </u>
10 Analysis of line 9:				
a Excess from 2012	4			
b Excess from 2013	-			
c Excess from 2014	4			
d Excess from 2015	-			
e Excess from 2016			_l	Form 990-PF (2016)

	MILY FOUND		1.4		96675 Page 1
Part XIV Private Operating Fo	· · · · · · · · · · · · · · · · · · ·		I-A, question 9)	N/A	· · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶ ∟	1	
b Check box to indicate whether the founda		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0045	Prior 3 years	(4) 0010	(-) 7-4-1
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed			ļ		
b 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				,	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor at any time during th			if the foundation	had \$5,000 or mo	re in assets
1 Information Regarding Foundation	Managers:	<u> </u>			
List any managers of the foundation who year (but only if they have contributed metals).	have contributed more		tributions received by the	foundation before the clo	se of any tax
NONE	_				
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan.	Scholarship, etc P	rograms:		
Check here ► X if the foundation or the foundation makes gifts, grants, etc. (s	nly makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone number	er or e-mail address of t	the person to whom app	ications should be addres	ssed:	
b The form in which applications should be	submitted and informa	tion and materials they s	should include;	_	
c Any submission deadlines;					
A Annual makes and the state of	anah as hu asassati s	alaman abamahla 6-13-	lundo of post-tutures	other factors:	
d Any restrictions or limitations on awards	, such as by geographic	ai areas, charitable fields	, xinas or institutions, or	OTHER TACTORS.	

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year EDUCATION BAKER DEMONSTRATION SCHOOL N/A РC 201 SHERIDAN ROAD 28,000. WILMETTE, IL 60091 EDUCATION BOOKS & BREAKFAST N/A PC 419 GREENWOOD ST. EVANSTON, IL 60201 25,000. MEDICAL RESEARCH DUKE UNIVERSITY - BRAIN TUMOR РC N/A RESEARCH CHARITY BOX 90581 250,000. DURHAM, NC 27708-0581 РC EDUCATION ETHS EDUCATION FOUNDATION N/A 1600 DODGE AVE EVANSTON, IL 60201 5,000. ÞС EDUCATION EVANSTON SCHOLARS N/A 1234 SHERMAN AVENUE, SUITE 214 EVANSTON, IL 60202 10,000. SEE CONTINUATION SHEET(S) ► <u>3a</u> 779,500. Total b Approved for future payment NONE **▶** 3b Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		<u> </u>		
b			<u> </u>		
c	_		<u> </u>		
d	_		<u> </u>		
e	_		<u> </u>		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	15.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	7 (3)	5		y X	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	ļ				
7 Other investment income					<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory			18	123,076.	
9 Net income or (loss) from special events			1	•	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	İ				
b	<u> </u>				
c					
d					
Δ	-				
12 Subtotal. Add columns (b), (d), and (e)	3 18311	0.	<u> </u>	253,904.	0.
13 Total. Add line 12, columns (b), (d), and (e)	F **	<u> = -</u>			253,904.
(See worksheet in line 13 instructions to verify calculations.)					
	4 - Al A		4	D	
Part XVI:B Relationship of Activities	to the Acco	omplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inc	come is renorted	in column (e) of Part XVI-A	contrib	nuted importantly to the accord	nolishment of
the foundation's exempt purposes (other tha				, , , , , , , , , , , , , , , , , , ,	
N/A		<u></u>			
				=	

			_		
					
-					
					 .
				-	
	_				
				·	
	-				

• Form 990-		FAMILY FOUNDA			96675	Pa	ge 13
Part X	VII Information Re Exempt Organ		and Transactions an	d Relationships With Nonch	aritable		
1 Did t		rectly engage in any of the follow	ving with any other organization	n described in section 501(c) of		Yes	No
the C	ode (other than section 501(c)(3) organizations) or in section	527, relating to political organiz	rations?			
	• •	ation to a noncharitable exempt of	organization of:		\ <u> </u>		
(1)					1a(1)		X
	Other assets				1 <u>a(2)</u>		X
	r transactions; Salas ef consta to a panebarita	ble average ergonization			45/43		X
	Sales of assets to a noncharita	ole exempt organization ncharitable exempt organization			1b(1) 1b(2)		X
` '	Rental of facilities, equipment,	, ,			1b(3)	_	X
,	Reimbursement arrangements				1b(4)		Х
٠,	Loans or loan guarantees				1b(5)		Х
(6)	Performance of services or me	mbership or fundraising solicitat	tions		15(6)		_X_
c Shar	ing of facilities, equipment, ma	uling lists, other assets, or paid e	employees		1c		_X_
			• •	ays show the fair market value of the good	-	ets,	
	- • -			in any transaction or sharing arrangemen	t, show in		
(a) Line no	(b) Amount involved	other assets, or services receive (c) Name of noncharita		(d) Description of transfers, transactions, a	nd charina area		
(a) Line no	(B) Amount involved	N/A		(u) Description of transfers, transactions, a	no snaring arra	ngemen	its
			·	 	· ·		
							_
				<u> </u>			
				<u></u>			
	 			 			
	 	·		 			
	 			 			
	 			<u> </u>			
	<u> </u>	<u> </u>		<u> </u>			
	•	tly affiliated with, or related to, o	• =	ations described			_
		r than section 501(c)(3)) or in se	ection 527?		X Yes	L	No
b If "Ye	es," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relation	nnchin		
	(a) Name of org	jainzation	N/A	(c) Description of relation	дизиир		
			17.72				
	· · · · · · · · · · · · · · · · · · ·		 				
				tements, and to the best of my knowledge on of which preparer has any knowledge	May the IRS d	iscuss t	his
Sign Here	Mulle 1	len	5-29-17	· .	return with the	(see inst	br)?
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.0111	OFFICER	X Yes	L_	_ No

Date

Preparer's signature

BRIAN KOLOMS

Title

05/15/17

Date

Phone no. (312) 486-1000 Form **990-PF** (2016)

P00426329

PTIN

Firm's EIN ► 86-1065772

if

Check

self- employed

Paid

Preparer

Use Only

Signature of officer or trustee

Print/Type preparer's name

BRIAN_KOLOMS

Firm's name ▶ DELOITTE TAX LLP

Firm's address ▶ 111 S. WACKER DR

CHICAGO, IL 60606

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of the organization

Employer identification number

36-3796675 CLESS FAMILY FOUNDATION Organization type (check one): Filers of: Section: 7 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

CLESS	FAMTI.V	FOUNDATION
CUESS	LWMITHI	I. OOMDWITOM

36-3796675

	TIMILDI TOOMBIII TON		0.300.0
Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLESS CAPITAL TRUST 225 W. WASHINGTON, SUITE 1700 CHICAGO, IL 60606	\$4,247,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Omnocash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CLESS FAMILY FOUNDATION

36-3796675

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
:		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	orm 990, 990-EZ, or 990-PF) (2016)		Pa
ne of organiz	ration		Employer identification number
ESS FA	AMILY FOUNDATION		36-3796675
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or less for	the year (Enter this info once) > \$
) No.	Use duplicate copies of Part III if addition	al space is needed.	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-			
		(e) Transfer of gift	<u> </u>
- 1		,,	
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-	····		
) No			
) No. rom art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
gi (i			
_			
[_	···		
-		(e) Transfer of gift	
		(e) Transfer of gift	
	Transferee's name, address, a	.,	Relationship of transferor to transferee
	Transferee's name, address, a	.,	Relationship of transferor to transferee
	Transferee's name, address, a	.,	Relationship of transferor to transferee
	Transferee's name, address, a	.,	Relationship of transferor to transferee
) No.	Transferee's name, address, a	.,	Relationship of transferor to transferee (d) Description of how gift is held
		nd ZIP + 4	
rom		nd ZIP + 4	
rom		nd ZIP + 4	
rom		(c) Use of gift	
rom		nd ZIP + 4	
rom		(c) Use of gift	
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom arti	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
nom arti	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
nom arti	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
nom arti	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee
nom arti	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY (CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE PER BOOKS 15.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
WILLIAM BLAIR				15.		
TOTAL TO PART I, LINE 3			15.	15.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	4 SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	(A) /ENUE BOOKS		
ISHARES S&P GSCI COMMODITY-INDEXED TRUST K-1 SCHWAB	301 242,686	. 112,17	0. 4. 1:	301. 30,512.	30 130,51	01.
TO PART I, LINE 4	242,987	. 112,174. 130,8		30,813.	130,81	13.
FORM 990-PF		LEGAL	FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT II	JEST-	(C) ADJUSTEI NET INCOM	
LEGAL FEES		898.	898.			0.
TO FM 990-PF, PG 1,	LN 16A =	898.		898.		0.
FORM 990-PF		ACCOUNTING FEES		STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTEI NET INCOM	
DELOITTE TAX LLP		10,950.	1	0,950.		0.
TO FORM 990-PF, PG	1, LN 16B	10,950.	1	0,950.		0.
	_					

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEE OTHER EXPENSES FROM K-1 MARGIN INTEREST FEES	25. 851. 100.			25. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	976.	951.		25.	

FORM 990-PF CORPO	RATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
1,300 SHS MCDONALDS CORP 1,377 SHS UNITED PARCEL SERVICE B 209,000 SHS ZEBRA TECHNOLOGIES INC. 2,000 SHS PHILIP MORRIS INTL INC 4,000 SHS COCA COLA COMPANY 6,000 SHS PFIZER INCORPORATED	153,478. 123,929. 11,829,400. 172,970. 167,377. 185,760.	158,236. 157,859. 17,923,840. 182,980. 165,840. 194,880.	
TOTAL TO FORM 990-PF, PART II, LINE 3	12,632,914. 18,783,6		
FORM 990-PF OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
1,000 SHS SPDR GOLD TRUST 12,490 SHS ISHARES MSCI EMERGING 3,668 SHS ISHARES MSCI JPN IDX 1611.0010 SHS ABERDEEN SELECT INTL 32,944.8150 SHS VANGUARD INFLATION 5,391.2330 SHS VANGUARD ENERGY FUND 69,163.1570 SHS TWEEDY BROWNE GLOBAL VALUE FUND 7,700 SHS ISHARES S&P GSCI CMDTY 8,480.2270 SHS DODGE & COX INTL STOCK	COST COST COST COST COST COST COST	105,135. 364,708. 164,202. 30,593. 424,329. 204,813. 1,593,519. 99,446.	109,610. 437,275. 179,218. 34,975. 427,624. 289,347. 1,731,845. 120,659.
9,444.3910 SHS DODGE & COX STOCK FUND	COST	1,401,737.	1,740,601.
TOTAL TO FORM 990-PF, PART II, LINE	13	4,666,294.	5,394,251.

4 3 4

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 8
NAME OF CONTRIBUTOR	ADDRESS	
CLESS CAPITAL TRUST	225 W. WASHINGTON, CHICAGO, IL 60606	SUITE 1700

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
RUTH I. CLESS 2110 MALLARD DRIVE NORTHBROOK, IL 60062	PRES/TREAS/DIR 0.00	ECTOR 0.	0.	0.		
MARTIN CLESS 2110 MALLARD DRIVE NORTHBROOK, IL 60062	DIRECTOR 0.00	0.	0.	0.		
JENNIFER U. ZEHR 2110 MALLARD DRIVE NORTHBROOK, IL 60062	VP/SECRETARY/D 0.00	IRECTOR 0.	0.	0.		
BRYAN C. CLESS 2110 MALLARD DRIVE NORTHBROOK, IL 60062	DIRECTOR 0.00	0.	0.	0.		
STEPHEN G. CLESS 2110 MALLARD DRIVE NORTHBROOK, IL 60062	DIRECTOR 0.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.		